

Client Information

Mr. Mrs. Ms.
Other

Date _____ Name _____
Last Name First Name Middle Initial

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

E-mail Address _____ Cell Phone _____

Pet Information and History

Pet's Name _____

Sex: M F Neutered Spayed Unknown

Birthdate _____ Age _____ Breed _____ Color _____

Species: Canine Feline Other _____ Microchip# _____

History: Last Veterinary Health Check: _____

Last worming or stool check for parasites _____

History of Vaccine Reaction (yes/no), if yes (Describe what type of reaction, when, and severity)

Does your animal receive pretreatment with an antihistamine or steroid before vaccination (yes, no)

If yes, describe medication type and dose (if available) _____

Is this your pets' FIRST rabies vaccine? _____ Date of last rabies vaccine _____

Please list other vaccines and dates received: _____

Please list other pertinent health information: _____

S: _____

O: _____

A: _____

P: _____

Exam:

The signature below affirms that the above health history is accurate and authorizes the vaccination and preventive treatment for the pet indicated above.

Signature of Client Responsible for Pet(s)

Date

I would like to add a donation of \$5, \$10, \$20, \$50, \$100, Other Amount \$ _____

in support of (please circle one)

PAUSE PC Fund in support of veterinary care for veterans and first responders

Gold Fund in support of veterinary care for seniors





Happy Hubz
VACCINE CLINIC INFORMATION & WAIVER OF LIABILITY

Be sure to monitor your pet after vaccinations.

Schedule vaccinations when you will be available to monitor your pet after the vaccine is administered. If possible, stay at or near the clinic for a period of time after your pet has received vaccinations.

Vaccine reactions can occur in pets of any age, breed or sex, even after the animal has had prior uncomplicated vaccinations.

Vaccine Reaction-Alert

- What to watch for after your pet has been vaccinated:
 - **Vaccine reactions are not common, but can be very serious.** Vaccine reactions usually come in two forms:
 1. One form of vaccine reaction has symptoms like a bug bite. The most common signs are hives (bumpy skin) and/or a swollen face. This can happen minutes to hours after the vaccine is given. Emergency treatment is needed.
 2. The other form of vaccine reaction happens much faster and is much more serious. The animal will become very lethargic, may vomit, and may eventually collapse. The animal's gums may become very pale and the heartbeat may become slow and faint. This usually happens within 15 minutes of the vaccine being administered. Emergency treatment is needed IMMEDIATELY. Go to your nearest veterinary clinic or hospital.
- **Any animal can have a vaccine reaction**, but it usually happens to younger animals who are having their second or third vaccine. Be aware that some breeds are more prone to having a reaction to vaccines, for example, toy breeds and Great Danes. Please research your breed.
- If your animal has had a vaccine reaction in the past, it should receive all vaccines at a veterinary hospital where it can be pre-treated before a vaccine and observed after a vaccine.

If your pet has a vaccine reaction, please go to the nearest veterinary clinic or emergency animal hospital immediately.

**Happy Hubz VACCINATION CLINIC LIABILITY
RELEASE**

I hereby consent and authorize the licensed veterinarian, veterinary technicians, and/or their associates to provide indicated treatment to the animal or animals listed below. Happy Hubz Preventive Veterinary Care, their officers, directors, member agents, volunteers, employees, veterinarians, veterinary technicians or assistants, shall not be held liable or responsible, for any claims, liabilities, losses, damages, charges, fees, and expenses of any nature and character for which I or my animal/ animals may sustain or incur by reason or on account of the attending, handling, treatments, vaccination, microchipping, worming or clipping of the animal(s) listed above. This release relates to any and all liability for personal injuries or death, property damage or property loss, injury to or death of any animal, occasioned by or in connection with any activity related to this event. I authorize the use of vaccinations or treatments to be administered as indicated, and I am fully aware of the risks associated, and assume all responsibility. Accordingly, I hereby issue this Release From Liability as it is thoroughly understood and I have read the aforementioned vaccine reaction information provided to be by Happy Hubz.

Name/Species/Breed/ Age of Animal

Owner or Authorized Representative (Please Print)

Owner or Authorized Representative Signature

Signature of Parent/Guardian (if under 18)

Date Signed